



UTAH STATE MEDICAID DUR COMMITTEE

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Dr. Lowry Bushnell DUR Board Chairman

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XENICAL APPROVED FOR HYPERCHOLESTEROLEMIA VIA PRIOR APPROVAL!!! The DUR Board has placed Xenical on prior approval for hypercholesterolemia. Criteria will be listed in the July 2000 MIB. Providers requiring access before then can call Duane Parke - ph (801) 538-6149 to obtain a FAX or e-mail, or snail-mail copy of criteria.

JAILED MEDICAID CLIENTS NOT ELIGIBLE FOR PRESCRIPTIONS USING MEDICAID CARD.

When a Medicaid client is an inmate of a public institution, including jail, Medicaid services are not a benefit even though the client has a Medicaid card. The correctional facility is responsible for all medical expenses incurred during the client's stay including medical treatment, medical supplies and prescriptions. It is not appropriate for a third party to use the Medical card to pick up medications/supplies for someone that is in jail and deliver them to the inmate. Medicaid may recover funds paid under these circumstances. 42 CFR 435.1008 and 1009

30-DAY CUMULATIVE LIMIT TOOL DEEMED A SUCCESS - Placing Stadol NS® and the migraine "tryptans" agents on a 30-day cumulative limit has been deemed a success. Soma® and the narcotic/APAP combinations also have cumulative limits. Table 1 shows the results of this program. The "cumulative 30-days maximum units loop" limits the total number of doses a client can have for a given drug or group of drugs for any thirty-day period.

Three analgesic pain medications in the program are closely related to each other, although the correlation is not perfect. The "tryptan" such as Imitrex®, are used exclusively for migraine headaches. Experts in the field have stated that five to ten doses is the maximum that should be allowed for any given month. Medicaid has set the maximum number of doses at eighteen. Stadol NS is a popular analgesic used for migraine and other short term pain situations. It is not intended for long term pain control. Stadol NS can be habit forming and may cause dependence. Medicaid has set the limit for Stadol NS inhalers at four 2.5ml vials per month. The narcotic/acetaminophen tablet (narc/APAP) formulations are widely used for pain control. The cumulative 30-day maximum units loop groups a broad number of different narc/APAP formulations into one lump for purposes of control. The common denominator is that each formulation contains acetaminophen, which is abbreviated as "APAP". Four grams or more of acetaminophen per day on a daily basis is highly toxic to the liver. The narc/APAP combinations carry a double liability of liver toxicity due to APAP, and addiction due to the narcotic faction. Utah has limited these formulations to 180 tablets per month based on the APAP toxicity. Misuse and abuse of the narc/APAP has always been a concern for Medicaid. There is an indirect but real correlation for substituting narc/APAP for Stadol-NS and/or "tryptans" when the latter two are maxed out. There was an increased utilization of the narc/APAP group during the studied time period. Given that, there is still a considerable savings achieved as shown by the utilization patterns of the three agents listed in Table 1 for a two-year period.

The first year is before the cumulative 30-day maximum units loop was in place and the second year is after it was in place.

Table 1

drug	year	projected units	cost
STADOL NS*	1998	2,583	\$179,518
	1999	1,425	\$ 99,037

savings		1,158	\$ 80,481
"TRYPTANS"***	1998	44,450	\$711,200
	1999	38,144	\$610,304
savings		6,306	\$100,896
NARC/APAP***	1998	1,499,211	\$284,297
	1999	1,696,133	\$293,804
loss		<186,922>	<\$ 9,507>
total savings			\$171,870

*based on current Medicaid cost of 69.50/vial

** based on estimated cost of \$16.00/dose

*** based on MAC price of the most common dosage form of hydrocodone/APAP- 5/500

The 30-day cumulative limit tool gives providers the perfect alibi to "JUST SAY NO!" to clients that are misusing/abusing medications.

The Drug Program Managers hope to expand the list of drugs with this type limitation. If Providers have a drug set in mind, please contact them at "dparke@doh.state.ut.us" or "rashley@doh.state.ut.us".*****

PHYSICIANS - LOVENOX IS NOT COVERED FOR DVT IN PREGNANCY. Treatment of DVT secondary to pregnancy is not a labeled indication. Physicians seeking coverage for Lovenox for the duration of a pregnancy for treatment of DVT must appeal to the DUR Board on a case-by-case basis. Since, for example, a Lovonox 0.6mg dose b.i.d. would cost Medicaid over \$2000.00 per month, the use of heparin 10,000 b.i.d. at ~\$21.00 is preferred. The DUR Board is currently taking the matter under advisement.

Pharmacists!!! Boehringer Ingelheim will not pay a rebate on the Alupent solution 6mg/ml or 4mg/ml in 2.5ml ampules when you round a box of 25 amps off to 62 or 63. You must report the exact metric quantity of 25 x 2.5 = 62.5.

Pharmacists!!! Medicaid requires that units be reported in metric decimal equivalents. Liquid vials, inhalers, amps, etc., that contain a fraction of a milliliter must be billed in exact metric decimal amounts. As an example, a Proventil HFA vial must be reported as 6.7 units. Rounding up to 7 units is incorrect and routine billing the 6.7 gm vial as 7 gms can constitute fraud. The Medicaid drug program managers will now refer all claims that are identified with this type billing practice to the Division's Program Integrity Unit. Program managers have identified many troublesome package sizes and caused them to be available only in even multiples of the package size. There is still a lot of potential errors out there.

THE PRODUR PROGRAM REALLY WORKS - ERRORS ARE REDUCED!!!!!!

The Medicaid prospective drug utilization review program (PRODUR) scans all prescriptions as they are being filled in the pharmacy. The program has the total Medicaid history of all paid claims for any given client, so regardless of what pharmacy the client uses, there is a complete PRODUR scan. The ratio of error claims reversed to warning claims generated is posted below for the month of April, 2000. Only severity level "1" warnings are posted.

<u>DUR Module</u>	<u>reversed claims to warnings sent</u>
Below Min*. Geriatric Dose Range	6.54%
Above Max** Geriatric Dose Range	3.25%
Below Min Adult Dose Range	5.31%
Above Max Adult Dose Range	6.00%
Drug-drug Interactions	4.76%
Duplicative Therapy-same Drug	5.52%
Therapeutic Duplication	4.66%
Drug-disease Indicated Conflict	4.23%
Drug Disease Conflict	5.74%
Early Refill	9.29%
Below Min Pediatric Dose Range	6.47%
Above Max Pediatric Dose Range	7.16%
<u>Additive Toxicity Side Effect</u>	<u>4.35%</u>
Average	5.22%

*min=minimum; ** max = maximum

There were 231,8997 claims filled, 50,354 warnings generated, 2,628 claimers reversed, and 55,441 clients served for the month of April. Total drug expenditures for the month were \$2,679,526 and \$80,180,761 for the fiscal year through April. Over one hundred twenty three thousand clients were served to date. For April the average cost of a prescription was \$41.95. Each recipient for April had on average 4.26 prescriptions. In April of 1995, a prescription cost averaged \$24.99 and recipients averaged 3.39 prescriptions per month. That extra prescription per month in April 2000 is costing the Division 54,441 X \$41.95 = \$2,283,800 or over 27 million per year. Think about that. *****